



**DEPARTMENT OF PARKS,
RECREATION & NEIGHBORHOOD
SERVICES - SAN JOSE AFTER SCHOOL**

**LEVEL 1 APPLICATION PACKET
FISCAL YEAR 2004-05**

DUE DATE: TUESDAY, APRIL 20, 2004 BY 5:00 PM SHARP!!!

BACKGROUND

The Department of Parks, Recreation and Neighborhood Services, through the San Jose After School Program, is pleased to announce the application for Level 1 programming serving the youth of San José. This funding is provided through the City of San Jose's General Fund and the Healthy Neighborhoods Venture Fund (HNVF) and is contingent upon availability of funds. All schools, school districts, community-based organizations, or entities serving 50% or more San José youth are eligible to apply for Level 1 funds. As part of the City of San José's after school strategy, this year's application will require increased collaboration in order to maximize limited resources. The overall goal and objective of San José After School is to ensure that all children have access to quality after school programs. This funding is critical in accomplishing our goal and we look forward to working with you as one of our after school partners.

INSTRUCTIONS

DUE DATE: Tuesday, April 20, 2004 BY 5:00 PM at the PRNS Office. You may deliver your application between the hours of 8:00 AM – 5:00 PM.

*****No E-mail, Fax, Late or Postmarked Applications will be accepted. Please provide adequate time for parking. Validation will be available for the 3rd Street garage only.*****

ADDRESS: Department of Parks, Recreation & Neighborhood Services
4 North 2nd Street, Suite 600
San Jose, CA 95113
Tel: 408-794-1660

COPIES: **One** original and **two** duplicate copies must be submitted with your application (total of 3).

This application packet consists of three sections:

Section I – Forms A, B, C

- ❖ Form A: Demographic Information - Please fill in **all** information requested.
- ❖ Form B: Program Scope of Services - Please check the corresponding activities that you plan to provide at your program.
- ❖ Form C: Proposed Program Staffing - Please fill in **all** information requested.

Section II – Form D: Goals & Objectives/Narrative

- ❖ Please answer the questions located on Form D. No more than 2 pages of narrative will be accepted. The format for the narrative section should be as follows:

- Times New Roman
- 12 point font
- Single spaced

Section III – Form E: Budget & Form F: Other Support Services

On Form E, please be sure to include matching funds provided by your agency or school (Column B) and/or other sources (Column C) that are directly invested into the Level 1 program.

Please note: Matching funds are **actual dollars** that are being invested into the total program to be matched by the Level 1 grant.

FUNDING GUIDELINES

Below is a funding guideline. Please note that all sites are not alike, however, in order to maximize our limited resources and assist you in developing a program, we have provided recommendations based upon Best Practices of Level 1 sites as observed by our evaluation staff.

Program	Number of Days per Week	Number of Students Served	Amount
Level 1 Academic	3-5	30-75	\$5,000 - \$7,500
Level 1 Academic Plus	3-5	30-75	\$7,500 - \$10,000
Enrichment Program	3-5	30-75	\$5,000 - \$7,500
Any site that has a Level 2 Program On-site	5	50-100	\$7,500 - \$10,000
Any Site that has a Level 3 Program on-site	5	75-100	\$10,000 – \$12,500

****Please note:** It is strongly recommended that collaboration among the provider, school, and school district be a priority for the Program in order to achieve desired results.

RATING CRITERIA

San Jose After School staff will be rating the applications based upon the criteria below. Applications, ratings and recommendations will be given to the Council Offices for funding to be allocated.

RATING CRITERIA	Description	Rating Type
Statement of Needs	Meets demonstrated students' needs and articulately describes how the proposed project addresses the need.	<p>Yes: Agency/School demonstrates need and proposed project can feasibly and credibly address the need.</p> <p>No: Proposed project does not directly relate to addressing the need.</p>
Capacity to Achieve Results	Demonstrates an ability to successfully implement proposed project.	<p>Yes: Agency has expertise, experience, sufficient level of staffing, and an established (best practices) approach to meet the need.</p> <p>No: Agency does not have the experience, sufficient level of staffing, or an established approach to meet the need.</p>
Operational Performance	If applicable, demonstrates a successful overall track record of accomplishing goals in a timely manner. The site monitoring tools completed throughout the year by staff and evaluators will be used to assist in determining operational performance. Also included is submitting paperwork in a timely manner, attending mandatory meetings as requested, and participating in our annual survey.	<p>High: Good to excellent prior performance.</p> <p>Medium: Some goals and requirements accomplished.</p> <p>Low: Has a poor performance record- had difficulty accomplishing goals.</p>
Project Design	Proposed service is explained, clearly described and includes the location of services, number of clients served, and hours of operation. Demonstrates how it impacts the community need identified.	<p>High: Applicant demonstrates that the proposed services will significantly impact the students' needs and will achieve the desired project results.</p> <p>Medium: Applicant demonstrates that the proposed services will impact students' needs and will achieve the desired project results.</p> <p>Low: Applicant does not demonstrate that the proposed services will impact students' needs and will achieve the desired project results.</p>

RATING CRITERIA	Description	Rating Type
Leverage	Demonstrates substantial leveraging of funding sources other than the City's. Coordinates proposed services with school, district, and community partners.	<p>High: Diversified funding base and <u>high</u> level of dollar (50% and above) and in-kind leveraging and/or <u>collaboration</u> that results in increased, expanded or different student/services.</p> <p>Medium: <u>Medium</u> level of dollar (25% to 49%) and in-kind leveraging and/or <u>coordination</u> that demonstrates proposed expansion or new services have been coordinated with existing services.</p> <p>Low: <u>Low</u> level of dollar (below 25%) and in-kind leveraging and/or level of coordination demonstrate that the proposed expansion or new services have not been coordinated with existing services.</p>

FORM A – LEVEL 1 DEMOGRAPHIC INFORMATION (Page 1 of 2)

School/Site Name: _____

School District: _____

Council District: _____

School/Site Address: _____

Site Coordinator: _____

Phone: _____ Fax: _____

Site Coordinator E-mail: _____

Designated Representative: _____

Phone # for Designated Rep: _____ Fax: _____

Address for Designated Rep: _____

E-mail for Designated Rep: _____

School Principal Name: _____

School Principal's E-mail: _____

Proposed Program Information

Number of <u>Days per Week</u> you plan to operate:		
Please circle the days you plan to operate your program AND the hours you plan to operate:	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
Total Number of hours per week that the program operates:		

FORM A – LEVEL 1 DEMOGRAPHIC INFORMATION (Page 2 of 2)

Please check the grades you will be serving:	<input type="radio"/> K-5	
	<input type="radio"/> K-6	
	<input type="radio"/> 6-8	
	<input type="radio"/> 7-8	
	<input type="radio"/> 9-12	
Please check your planned average daily attendance:	<input type="radio"/> < 25	<input type="radio"/> 56-60
	<input type="radio"/> 25-35	<input type="radio"/> 61-100
	<input type="radio"/> 36-40	<input type="radio"/> 101-200
	<input type="radio"/> 41-45	<input type="radio"/> 201-300
	<input type="radio"/> 46-50 <input type="radio"/> 51-55	
Please check which population you plan to serve:	<input type="radio"/> Students from applicant school	
	<input type="radio"/> Students from surrounding schools/community	
List the schools and percentages of students receiving services at your site:	<u>School Name</u>	Percentage %

FORM B – LEVEL 1 PROGRAM SCOPE OF SERVICES

School/Site Name: _____

School District: _____

Council District: _____

Please select the program type you plan to operate:	Academic Program: Homework Assistance
	Academic Plus Program: Homework Assistance AND Life Skills/Enrichment Component
	Enrichment Program: Learning through recreation or learning through enrichment

***Please note: For the purposes of this application, Homework Assistance is defined as academic support within subject areas pertaining to school curriculum.*

Please fill in the information below:

Proposed number of unduplicated students for the year	
Proposed number of service weeks for the year (weeks in operation)	
Proposed number of service hours per week	
Proposed number of service hours per week	

School Principal's Signature: _____
Print Name: _____
**Your signature certifies your support for the submittal of this grant application

FORM C – LEVEL 1 PROPOSED PROGRAM STAFFING

School/Site Name: _____

School District: _____

Council District: _____

Please specify the proposed number staff providing service at your center:

OVERALL SITE STAFF TO STUDENT RATIO: _____

Certified Staff: _____

Other Paid Staff: _____

Bi-lingual Staff: _____

Volunteers/Unpaid staff: _____

TOTAL UNDUPLICATED STAFF: _____

***Please note:** If you have a certified teacher or a staff person who is bi-lingual, you would count that person twice, once under the certified/other paid staff categories AND under the bi-lingual staff category.

FORM D – GOALS & OBJECTIVES/NARRATIVE

1) Goals & Objectives for FY 04-05:

❖ **Level 1 Academic Program:**

- 80% of students participating in the Level 1 Academic Program will complete their homework on time

AND

- 50% of students participating in the program will read at grade level

❖ **Level 1 Academic Plus Program:**

- 80% of students participating in the Level 1 Academic Plus Program will complete their homework on time

AND

- 50% of students participating in the program will read at grade level

AND

- 80% of students participating in the Level 1 Academic Plus Program will demonstrate increased knowledge in the Life Skills content or enrichment content provided

❖ **Level 1 Enrichment Program:**

- 80% of students participating in the Level 1 Enrichment Program will demonstrate increased knowledge in the enrichment or recreation content provided

2) **Narrative:** Please answer the following questions. Please refer to Page 2 for formatting instructions.

Question 1: Please select the program type that you plan to operate and explain how you will accomplish the corresponding goals.

Question 2: Please explain your agency or school's past accomplishments in operating a Level 1 type program and your agency or school's capacity to achieve results.

Question 3: What collaborations do you currently have on-site or plan to develop for your agency or school's Level 1 program?

Question 4: Briefly explain the process by which you determined the need for this program at each site you are applying for.

FORM E
PROPOSED BUDGET – FY 2004-05

PERSONNEL SERVICES*				
SITE NAME: _____	A City Funds	B School District / Agency Funds	C Other Funds	A + B + C Total Funds by Line Item
Classified Staff				
Certified Teachers				
Bi-lingual Teachers				
Instructional Aids				
Bi-lingual Tutors				
Tutors (Adult)				
Tutors (Student/Peer)				
Volunteers (unpaid)				
Benefits				
Staff Development and Training				
Others (Specify):				
.....				
PERSONNEL SERVICES SUBTOTALS				

NON-PERSONNEL SERVICES*				
<i>* Include costs of any in-kind match used to finance the total program.</i>	A City Funds	B School District / Agency Funds	C Other Funds	A + B + C Total Funds by Line Item
Facility Rental / Rent				
Utilities				
Maintenance				
Telephone (Includes Fax lines)				
Office Supplies (paper, pens, etc.)				
Equipment (Computers hardware, etc.)				
Program Supplies (books, videos, etc.)				
Incentives (prizes, rewards, awards, etc.)				
Transportation (Specify type _____)				
Insurance Coverage Costs				
Other Program Costs (Specify type):				
.....				
NON-PERSONNEL SERVICES SUBTOTALS				

GRAND TOTALS PERSONNEL SERVICES + NON-PERSONNEL SERVICES	Total City Funds			Total Center Budget
	\$			\$

Name _____ Title: _____
 (Print)

Signature _____ Date _____

**** Site Facilitators – it is your responsibility to forward a copy of this budget report to your district representative for accounting verification.**

FORM F – OTHER YOUTH SUPPORT SERVICES/PROGRAMS

Please list all after school youth support services at your site. Examples are: Level 2 or 3 funding (Recreation, 21st Century, LEARNS, CORAL), AVID, Youth Intervention, Gang Prevention, Enrichment, etc.

[illegible]